|  |  |
| --- | --- |
| **School Name** |       |
| **New Student/ Add access** | [ ]  |  |
| **Name Change** | [ ]  | **Former name**      |
| **Legal Name** | Last:       | First:       | Middle Initial      |
| **Social Security Last 4 Digits** |       | **Birth Date**       |
| **Home Phone Number** |       |  |
| **Preferred Language** |       |
| **Employed by MMC, KMHC, POMH, Mercy Cadillac or Mercy Grayling or affiliated physician’s office?**  | Yes[ ]  No[ ]  |
| **Immediate Manager** |       | **Manager’s phone #** |       |
| **Student Job Title** | Student Nurse | **Student Credentials** | Student Nurse |
| **Student’s college email address**       |
| **Signature of student** |
| **Applications** |
| **Add** | **Cerner/PowerChart** |
| **Add** | **LifeScan Glucometer** |
|  |  |
| **System Access Use Only****Network:\_\_\_\_\_\_\_\_\_\_\_\_\_ Cerner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LifeScan:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |